

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Senate Leadership Fund		FEC IDENTIFICATION NUMBER ▼ C C00571703	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MENTZER MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2016	
Mailing Address 210 W. PENNSYLVANIA AVE, STE 250		Amount 203016.00	
City TOWSON	State MD	Zip Code 21204	Transaction ID : SE.1
Purpose of Expenditure TV / MEDIA PLACEMENT		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2016
Name of Federal Candidate MARLIN STUTZMAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 772910.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee DMM MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 26 / 2016	
Mailing Address 1911 N. FORT MYER DRIVE, STE 400		Amount 13691.27	
City ARLINGTON	State VA	Zip Code 22209	Transaction ID : SE.2
Purpose of Expenditure WEB / TV AD PRODUCTION		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 04 / 26 / 2016
Name of Federal Candidate MARLIN STUTZMAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought 772910.13		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	216707.27
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY
04 / 26 / 2016

Signature